POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(handwritten)*	67610	7/23/99
O.I.P.E. CLASSIFIER		10	7-28-99
FORMALITY REVIEW	*(handwritten)*	60205	8-9-99

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

BEST AVAILABLE COPY

Claim		Date									Claim		Date							Claim		Date
Final	Original										Final	Original								Final	Original	
1											51				101		
2											52				102		
3											53				103		
4											54				104		
5											55				105		
6											56				106		
7											57				107		
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46											96				146		
47											97				147		
48											98				148		
49											99				149		
50											100				150		

If more than 150 claims or 10 actions
staple additional sheet here

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